Florida Statutes

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TITLE 29. PUBLIC HEALTH
CHAPTER 394. MENTAL HEALTH
PART III. COMPREHENSIVE CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

§ 394.490. Short title

Sections 394.490-394.497 may be cited as the "Comprehensive Child and Adolescent Mental Health Services Act."

HISTORY: s. 1, ch. 98-5.

LexisNexis (TM) Notes:

LAW REVIEWS

1. 25 Nova L. Rev. 725, ARTICLE: "Please Let Me Be Heard:" The Right of a Florida Foster Child to Due Process Prior to Being Committed to a Long-Term, Locked Psychiatric Institution, Spring, 2001

§ 394.491. Guiding principles for the child and adolescent mental health treatment and support system

It is the intent of the Legislature that the following principles guide the development and implementation of the publicly funded child and adolescent mental health treatment and support system:

(1) The system should be centered on the child, adolescent, and family, with the needs and strengths of the child or adolescent and his or her family dictating the types and mix of services provided.

(2) The families and surrogate families of children and adolescents, including, but not limited to, foster parents, should be active participants in all aspects of planning, selecting, and delivering mental health treatment services at the local level, as well as in developing statewide policies for child and adolescent mental health services.

(3) The system of care should be community based, with accountability, the location of services, and the responsibility for management and decisionmaking resting at the local level.

(4) The system should provide timely access to a comprehensive array of cost-effective mental health treatment and support services.

(5) Children and adolescents who receive services should receive individualized services, guided by an individualized service plan, in accordance with the unique needs and strengths of each child or adolescent and his or her family.

(6) Through an appropriate screening and assessment process, treatment and support systems should identify, as early as possible, children and adolescents who are in need of mental health services and should target known risk factors.

(7) Children and adolescents should receive services within the least restrictive and most normal environment that is clinically appropriate for the service needs of the child or adolescent.

(8) Mental health programs and services should support and strengthen families so that the family can more adequately meet the mental health needs of the family's child or adolescent.

(9) Children and adolescents should receive services that are integrated and linked with schools, residential child-caring agencies, and other child-related agencies and programs.

(10) Services must be delivered in a coordinated manner so that a child or adolescent can move through the system of services in accordance with the changing needs of the child or adolescent.

(11) The delivery of comprehensive child and adolescent mental health services must enhance the likelihood of positive outcomes and contribute to the child's or adolescent's ability to function effectively at home, at school, and in the community.

(12) An older adolescent should be provided with the necessary supports and skills in preparation for coping with life as a young adult.

(13) An adolescent should be assured a smooth transition to the adult mental health system for continuing age-appropriate treatment services.

(14) Community-based networks must educate people to recognize emotional disturbances in children and adolescents and provide information for obtaining access to appropriate treatment and support services.

(15) Mental health services for children and adolescents must be provided in a sensitive manner that is responsive to cultural and gender differences and special needs. Mental health services must be provided without regard to race, religion, national origin, gender, physical disability, or other characteristics.

HISTORY: s. 2, ch. 98-5.

§ 394.492. Definitions

As used in ss. 394.490-394.497, the term:

(1) "Adolescent" means a person who is at least 13 years of age but under 18 years of age.

(2) "Case manager" means a person who is responsible for participating in the development of and implementing a services plan, linking service providers to a child or adolescent and his or her family, monitoring the delivery of services, providing advocacy services, and collecting information to determine the effect of services and treatment.

(3) "Child" means a person from birth until the person's 13th birthday.

(4) "Child or adolescent at risk of emotional disturbance" means a person under 18 years of age who has an increased likelihood of becoming emotionally disturbed because of risk factors that include, but are not limited to:

(a) Being homeless.

(b) Having a family history of mental illness.

(c) Being physically or sexually abused or neglected.

(d) Abusing alcohol or other substances.

(e) Being infected with human immunodeficiency virus (HIV).

(f) Having a chronic and serious physical illness.

(g) Having been exposed to domestic violence.

(h) Having multiple out-of-home placements.

(5) "Child or adolescent who has an emotional disturbance" means a person under 18 years of age who is diagnosed with a mental, emotional, or behavioral disorder of sufficient duration to meet one of the diagnostic categories specified in the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association, but who does not exhibit behaviors that substantially interfere with or limit his or her role or ability to function in the family, school, or community. The emotional disturbance must not be considered to be a temporary response to a stressful situation. The term does not include a child or adolescent who meets the criteria for involuntary placement under s. 394.467(1).

(6) "Child or adolescent who has a serious emotional disturbance or mental illness" means a person under 18 years of age who:

(a) Is diagnosed as having a mental, emotional, or behavioral disorder that meets one of the diagnostic categories specified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association; and

(b) Exhibits behaviors that substantially interfere with or limit his or her role or ability to function in the family, school, or community, which behaviors are not considered to be a temporary response to a stressful situation.

The term includes a child or adolescent who meets the criteria for involuntary placement under s. 394.467(1).

(7) "Child or adolescent who is experiencing an acute mental or emotional crisis" means a child or adolescent who experiences a psychotic episode or a high level of mental or emotional distress which may be precipitated by a traumatic event or a perceived life problem for which the individual's typical coping strategies are inadequate. The term includes a child or adolescent who meets the criteria for involuntary examination specified in s. 394.463(1).

(8) "Department" means the Department of Children and Family Services.

HISTORY: s. 3, ch. 98-5; s. 2, ch. 2000-349.

LexisNexis (TM) Notes:

LAW REVIEWS

1. 25 Nova L. Rev. 725, ARTICLE: "Please Let Me Be Heard:" The Right of a Florida Foster Child to Due Process Prior to Being Committed to a Long-Term, Locked Psychiatric Institution, Spring, 2001

§ 394.493. Target populations for child and adolescent mental health services funded through the department

(1) The child and adolescent mental health system of care funded through the Department of Children and Family Services shall serve, to the extent that resources are available, the following groups of children and adolescents who reside with their parents or legal guardians or who are placed in state custody:

(a) Children and adolescents who are experiencing an acute mental or emotional crisis.

(b) Children and adolescents who have a serious emotional disturbance or mental illness.

(c) Children and adolescents who have an emotional disturbance.

(d) Children and adolescents who are at risk of emotional disturbance.

(2) Each mental health provider under contract with the department to provide mental health services to the target population shall collect fees from the parent or legal guardian of the child or adolescent receiving services. The fees shall be based on a sliding fee scale for families whose net family income is at or above 150 percent of the Federal Poverty Income Guidelines. The department shall adopt, by rule, a sliding fee scale for statewide implementation. Fees collected from families shall be retained in the service district and used for expanding child and adolescent mental health treatment services.

(3) Each child or adolescent who meets the target population criteria of this section shall be served to the extent possible within available resources and consistent with the portion of the district substance abuse and mental health plan specified in s. 394.75 which pertains to child and adolescent mental health services.

HISTORY: s. 4, ch. 98-5; s. 3, ch. 2000-349.

§ 394.494. General performance outcomes for the child and adolescent mental health treatment and support system

(1) It is the intent of the Legislature that the child and adolescent mental health treatment and support system achieve the following performance outcomes within the target populations who are eligible for services:

(a) Stabilization or improvement of the emotional condition or behavior of the child or adolescent, as evidenced by resolving the presented problems and symptoms of the serious emotional disturbance recorded in the initial assessment.

(b) Stabilization or improvement of the behavior or condition of the child or adolescent with respect to the family, so that the child or adolescent can function in the family with minimum appropriate supports.

(c) Stabilization or improvement of the behavior or condition of the child or adolescent with respect to school, so that the child can function in the school with minimum appropriate supports.

(d) Stabilization or improvement of the behavior or condition of the child or adolescent with respect to the way he or she interacts in the community, so that the child or adolescent can avoid behaviors that may be attributable to the emotional disturbance, such as substance abuse, unintended pregnancy, delinquency, sexually transmitted diseases, and other negative consequences.

(2) Annually, pursuant to s. 216.0166, the department shall develop more specific performance outcomes and performance measures to assess the performance of the child and adolescent mental health treatment and support system in achieving the intent of this section.

HISTORY: s. 5, ch. 98-5.

NOTES:

NOTE.--Section 216.0166, referred to in subsection (2), was repealed by s. 61, ch. 2000-371.

§ 394.495. Child and adolescent mental health system of care; programs and services

(1) The department shall establish, within available resources, an array of services to meet the individualized service and treatment needs of children and adolescents who are members of the target populations specified in s. 394.493, and of their families. It is the intent of the Legislature that a child or adolescent may not be admitted to a state mental health facility and such a facility may not be included within the array of services.

(2) The array of services must include assessment services that provide a professional interpretation of the nature of the problems of the child or adolescent and his or her family; family issues that may impact the problems; additional factors that contribute to the problems; and the assets, strengths, and resources of the child or adolescent and his or her family. The assessment services to be provided shall be determined by the clinical needs of each child or adolescent. Assessment services include, but are not limited to, evaluation and screening in the following areas:

(a) Physical and mental health for purposes of identifying medical and psychiatric problems.

(b) Psychological functioning, as determined through a battery of psychological tests.

(c) Intelligence and academic achievement.

(d) Social and behavioral functioning.

(e) Family functioning.

The assessment for academic achievement is the financial responsibility of the school district. The department shall cooperate with other state agencies and the school district to avoid duplicating assessment services.

(3) Assessments must be performed by:

(a) A professional as defined in s. 394.455(2), (4), (21), (23), or (24);

(b) A professional licensed under chapter 491; or

(c) A person who is under the direct supervision of a professional as defined in s. 394.455(2), (4), (21), (23), or (24) or a professional licensed under chapter 491.

The department shall adopt by rule statewide standards for mental health assessments, which must be based on current relevant professional and accreditation standards.

(4) The array of services may include, but is not limited to:

(a) Prevention services.

(b) Home-based services.

(c) School-based services.

(d) Family therapy.

(e) Family support.

(f) Respite services.

(g) Outpatient treatment.

(h) Day treatment.

(i) Crisis stabilization.

(j) Therapeutic foster care.

(k) Residential treatment.

(l) Inpatient hospitalization.

(m) Case management.

(n) Services for victims of sex offenses.

(o) Transitional services.

(5) In order to enhance collaboration between agencies and to facilitate the provision of services by the child and adolescent mental health treatment and support system and the school district, the local child and adolescent mental health system of care shall include the local educational multiagency network for severely emotionally disturbed students specified in s. 1006.04.

HISTORY: s. 6, ch. 98-5; s. 981, ch. 2002-387.

§ 394.496. Service planning

(1) It is the intent of the Legislature that the service planning process:

(a) Focus on individualized treatment and the service needs of the child or adolescent.

(b) Concentrate on the service needs of the family and individual family members of the child's or adolescent's family.

(c) Involve appropriate family members and pertinent community-based health, education, and social agencies.

(2) The principals of the service planning process shall:

(a) Assist the family and other caregivers in developing and implementing a workable services plan for treating the mental health problems of the child or adolescent.

(b) Use all available resources in the community, particularly informal support services, which will assist in carrying out the goals and objectives of the services plan.

(c) Maintain the child or adolescent in the most normal environment possible, as close to home as possible; and maintain the child in a stable school placement, which is consistent with the child's or adolescent's and other students' need for safety, if the child is removed from home and placed in state custody.

(d) Ensure the ability and likelihood of family participation in the treatment of the child or adolescent, as well as enhancing family independence by building on family strengths and assets.

(3) The services plan must include:

(a) A behavioral description of the problem being addressed.

(b) A description of the services or treatment to be provided to the child or adolescent and his or her family which address the identified problem, including:

1. The type of services or treatment.

2. The frequency and duration of services or treatment.

3. The location at which the services or treatment are to be provided.

4. The name of each accountable provider of services or treatment.

(c) A description of the measurable objectives of treatment, which, if met, will result in measurable improvements of the condition of the child or adolescent, as specified in s. 394.494.

(4) For students who are served by exceptional student education, there must be consistency between the services prescribed in the service plan and the components of the individual education plan.

(5) The department shall adopt by rule criteria for determining when a child or adolescent who receives mental health services under ss. 394.490-394.497 must have an individualized services plan.

(6) A professional as defined in s. 394.455(2), (4), (21), (23), or (24) or a professional licensed under chapter 491 must be included among those persons developing the services plan.

(7) The services plan shall be developed in conference with the parent or legal guardian. If the parent or legal guardian believes that the services plan is inadequate, the parent or legal guardian may request that the department or its designee review and make recommended changes to the plan.

(8) The services plan shall be reviewed at least every 90 days for programmatic and financial compliance.

HISTORY: s. 7, ch. 98-5.

§ 394.497. Case management services

(1) As used in this section, the term "case management" means those activities aimed at:

(a) Developing and implementing a services plan specified in s. 394.496.

(b) Providing advocacy services.

(c) Linking service providers to a child or adolescent and his or her family.

(d) Monitoring the delivery of services.

(e) Collecting information to determine the effect of services and treatment.

(2) The department shall adopt by rule criteria that define the target population who shall be assigned case managers. The department shall develop standards for case management services and procedures for appointing case managers. It is the intent of the Legislature that case management services not be duplicated or fragmented and that such services promote the continuity and stability of a case manager assigned to a child or adolescent and his or her family.

HISTORY: s. 8, ch. 98-5.

§ 394.498. Child and Adolescent Interagency System of Care Demonstration Models

(1) *CREATION.* --There is created the Child and Adolescent Interagency System of Care Demonstration Models to operate for 3 years for children and adolescents who have a serious emotional disturbance and for the families of such children and adolescents. It is the intent of the Legislature to encourage the Department of Children and Family Services, the Agency for Health Care Administration, the Department of Education, the Department of Health, the Department of Juvenile Justice, local governments, and any other interested public or private source to enter into a partnership agreement to provide a locally organized system of care for children and adolescents who have a serious emotional disturbance and for the families of such children and adolescents. A demonstration model must be provided within existing funds, center on the client and his or her family, promote the integration and coordination of services, provide for accountable outcomes, and emphasize the provision of services in the least restrictive setting that is clinically appropriate to the needs of the child or adolescent. Participation in the partnership agreement does not divest any public or private agency of its responsibility for a child or adolescent but allows these agencies to better meet the needs of the child or adolescent through shared resources.

(2) *GOALS.* --The goal of the Child and Adolescent Interagency System of Care Demonstration Models is to provide a design for an effective interagency strategy for delivering services to children and adolescents who have a serious emotional disturbance and for the families of such children and adolescents. In addition to the guiding principles specified in s. 394.491, and the principles for service planning specified in s. 394.496(2), the goal of the strategy is to:

(a) Enhance and expedite services to the seriously emotionally disturbed children and adolescents who choose to be served under the strategies of the demonstration model.

(b) Refine the process of case management using the strengths approach in assessment and service planning and eliminating duplication of the case management function.

(c) Employ natural supports in the family and the community to help meet the service needs of the child or adolescent who has a serious emotional disturbance.

(d) Improve interagency planning efforts through greater collaboration between public and private community-based agencies.

(e) Test creative and flexible strategies for financing the care of children and adolescents who have a serious emotional disturbance.

(f) Share pertinent information about the child or adolescent among appropriate community agencies.

Except as otherwise specified, the demonstration models must comply with the requirements of ss. 394.490-394.497.

(3) *MODEL ENHANCEMENTS.*

(a) The Legislature finds that strict reimbursement categories do not typically allow flexible funding for purchasing the formal and informal services that are needed by children and adolescents who have a serious emotional disturbance and who have particularly complex needs for services. Therefore, each demonstration model shall be governed by a multiagency consortium of state and county agencies and may use an integrated blend of state, federal, and local funds to purchase individualized treatment and support services for children and adolescents who have a serious emotional disturbance, based on client need rather than on traditional services limited to narrowly defined cost centers or appropriation categories.

(b) The local consortium of purchasers is responsible for designing a well-defined care management system and network of experienced mental health providers in order to achieve delineated client outcomes.

(c) The purpose of the demonstration models is to enhance the holistic concepts of mental health care by serving the total needs of the child or adolescent through an individualized services plan.

(d) Notwithstanding chapter 216, the organized system of care implemented through the demonstration models may expend funds for services without any categorical restraints and shall provide for budget and program accountability and for fiscal management using generally accepted business practices pursuant to the direction of the multiagency oversight body. Funds shall be allocated so as to allow the local purchasing entity to provide the most

appropriate care and treatment to the child or adolescent, including a range of traditional and nontraditional services in the least restrictive setting that is clinically appropriate to the needs of the child or adolescent. The consortium of purchasers shall assure that funds appropriated in the General Appropriations Act for services for the target population are not used for any other purpose than direct services to clients.

(e) A local consortium of purchasers which chooses to participate in the demonstration model may reinvest cost savings in the community-based child and adolescent mental health treatment and support system. A purchaser that participates in the consortium is exempt from administrative procedures otherwise required with respect to budgeting and expending state and federal program funds.

(4) *ESSENTIAL ELEMENTS.*

(a) In order to be approved as a Child and Adolescent Interagency System of Care Demonstration Model, the applicant must demonstrate its capacity to perform the following functions:

1. Form a consortium of purchasers, which includes at least three of the following agencies:

a. The Mental Health Program and Family Safety and Preservation Program of the Department of Children and Family Services.

b. The Medicaid program of the Agency for Health Care Administration.

c. The local school district.

d. The Department of Juvenile Justice.

Each agency that participates in the consortium shall enter into a written interagency agreement that defines each agency's responsibilities.

2. Establish an oversight body that is responsible for directing the demonstration model. The oversight body must include representatives from the state agencies that comprise the consortium of purchasers under subparagraph 1., as well as local governmental entities, a juvenile court judge, parents, and other community entities. The responsibilities of the oversight body must be specified in writing.

3. Select a target population of children and adolescents, regardless of whether the child or adolescent is eligible or ineligible for Medicaid, based on the following parameters:

a. The child or adolescent has a serious emotional disturbance or mental illness, as defined in s. 394.492(6), based on an assessment conducted by a licensed practitioner defined in s. 394.455(2), (4), (21), (23), or (24) or by a professional licensed under chapter 491;

b. The total service costs per child or adolescent have exceeded $ 3,000 per month;

c. The child or adolescent has had multiple out-of-home placements;

d. The existing array of services does not effectively meet the needs of the child or adolescent;

e. The case of the child or adolescent has been staffed by a district collaborative planning team and satisfactory results have not been achieved through existing case services plans; and

f. The parent or legal guardian of the child or adolescent consents to participating in the demonstration model.

4. Select a geographic site for the demonstration model. A demonstration model may be comprised of one or more counties and may include multiple service districts of the Department of Children and Family Services.

5. Develop a mechanism for selecting the pool of children and adolescents who meet the criteria specified in this section for participating in the demonstration model.

6. Establish a pooled funding plan that allocates proportionate costs to the purchasers. The plan must address all of the service needs of the child or adolescent, and funds may not be identified in the plan by legislative appropriation category or any other state or federal funding category.

a. The funding plan shall be developed based on an analysis of expenditures made by each participating state agency during the previous 2 fiscal years in which services were provided for the target population or for individuals who have characteristics that are similar to the target population.

b. Based on the results of this cost analysis, funds shall be collected from each of the participating state agencies and deposited into a central financial account.

c. A financial body shall be designated to manage the pool of funds and shall have the capability to pay for individual services specified in a services plan.

7. Identify a care management entity that reports to the oversight body. For purposes of the demonstration models, the term "care management entity" means the entity that assumes responsibility for the organization, planning, purchasing, and management of mental health treatment services to the target population in the demonstration model. The care management entity may not provide direct services to the target population. The care management entity shall:

a. Manage the funds of the demonstration model within budget allocations. The administrative costs associated with the operation of the demonstration model must be itemized in the entity's operating budget.

b. Purchase individual services in a timely manner.

c. Review the completed client assessment information and complete additional assessments that are needed, including an assessment of the strengths of the child or adolescent and his or her family.

d. Organize a child-family team to develop a single, unified services plan for the child or adolescent, in accordance with ss. 394.490-394.497. The team shall include the parents and other family members of the child or adolescent, friends and community-based supporters of the child or adolescent, and appropriate service providers who are familiar with the problems and needs of the child or adolescent and his or her family. The plan must include a statement concerning the strengths of the child or adolescent and his or her family, and must identify the natural supports in the family and the community that might be used in addressing the service needs of the child or adolescent. A copy of the completed service plan shall be provided to the parents of the child or adolescent.

e. Identify a network of providers that meet the requirements of paragraph (b).

f. Identify informal, unpaid supporters, such as persons from the child's or adolescent's neighborhood, civic organizations, clubs, and churches.

g. Identify additional service providers who can work effectively with the child or adolescent and his or her family, including, but not limited to, a home health aide, mentor, respite care worker, and in-home behavioral health care worker.

h. Implement a case management system that concentrates on the strengths of the child or adolescent and his or her family and uses these strengths in case planning and implementation activities. The case manager is primarily responsible for developing the services plan and shall report to the care management entity. The case manager shall monitor and oversee the services provided by the network of providers. The parents must be informed about contacting the care management entity or comparable entity to address concerns of the parents.

Each person or organization that performs any of the care management responsibilities specified in this subparagraph is responsible only to the care management entity. However, such care management responsibilities do not preclude the person or organization from performing other responsibilities for another agency or provider.

8. Develop a mechanism for measuring compliance with the goals of the demonstration models specified in subsection (2), which mechanism includes qualitative and quantitative performance outcomes, report on compliance rates, and conduct quality improvement functions. At a minimum, the mechanism for measuring compliance must include the outcomes and measures established in the General Appropriations Act and the outcomes and measures that are unique to the demonstration models.

9. Develop mechanisms to ensure that family representatives have a substantial role in planning the demonstration model and in designing the instrument for measuring the effectiveness of services provided.

10. Develop and monitor grievance procedures.

11. Develop policies to ensure that a child or adolescent is not rejected or ejected from the demonstration model because of a clinical condition or a specific service need.

12. Develop policies to require that a participating state agency remains a part of the demonstration model for its entire duration.

13. Obtain training for the staff involved in all aspects of the project.

(b) In at least one demonstration model, rather than using a care management entity, the local consortium of purchasers may contract directly with a network of service providers that may use prospective payment mechanisms through which the providers would accept financial risk for producing outcomes for the target population. These demonstration models must provide an annual report to the purchasers who are participating in the demonstration model which specifies the types of services provided and the number of clients who receive each service.

(c) In order for children, adolescents, and families of children and adolescents to receive timely and effective services, the basic provider network identified in each demonstration model must be well designed and managed. The provider network should be able to meet the needs of a significant proportion of the target population. The applicant must demonstrate the capability to manage the network of providers for the purchasers that participate in the demonstration model. The applicant must demonstrate its ability to perform the following network management functions:

1. Identify providers within the designated area of the demonstration model which are currently funded by the state agencies included in the model, and identify additional providers that are needed to provide additional services for the target population. The network of providers may include:

a. Licensed mental health professionals as defined in s. 394.455(2), (4), (21), (23), or (24);

b. Professionals licensed under chapter 491;

c. Teachers certified under s. 1012.56;

d. Facilities licensed under chapter 395, as a hospital; s. 394.875, as a crisis stabilization unit or short-term residential facility; or s. 409.175, as a residential child-caring agency; and

e. Other community agencies.

2. Define access points and service linkages of providers in the network.

3. Define the ways in which providers and participating state agencies are expected to collaborate in providing services.

4. Define methods to measure the collective performance outcomes of services provided by providers and state agencies, measure the performance of individual agencies, and implement a quality improvement process across the provider network.

5. Develop brochures for family members which are written in understandable terminology, to help families identify appropriate service providers, choose the provider, and access care directly whenever possible.

6. Ensure that families are given a substantial role in planning and monitoring the provider network.

7. Train all providers with respect to the principles of care outlined in this section, including effective techniques of cooperation, the wraparound process and strengths-based assessment, the development of service plans, and techniques of case management.

(d) Each demonstration model must comply with the requirements for maintaining the confidentiality of clinical records, as specified in s. 394.4615.

(e) Each application for designation as a Child and Adolescent Interagency System of Care Demonstration Model must include:

1. A plan for reinvesting the anticipated cost savings that result from implementing the demonstration model in the child and adolescent mental health treatment and support system. The plan must detail the methodology used to identify cost savings and must specify the programs and services that will be enhanced for the population that has complex service needs and for other children and adolescents who have emotional disturbances.

2. A plan describing the methods by which community agencies will share pertinent client information.

3. A statement that the appropriate business, accounting, and auditing procedures will be followed, as specified by law, in expending federal, state, and local funds.

(f) Each consortium of purchasers shall submit an annual report on the progress of the demonstration model to the secretary or director of each state agency that participates in the model. At a minimum, the report must include the level of participation of each purchaser, the purchasing strategies used, the services provided to the target population, identified cost savings, and any other information that concerns the implementation of or problems associated with the demonstration model.

(g) Each participating local agency and the administrative officers of each participating state agency must participate in interagency collaboration. The secretary or director of each participating state agency shall appoint a representative to select applications that meet the criteria for designation as a Child and Adolescent Interagency System of Care Demonstration Model, as specified in this section. The appointed representatives shall also provide technical assistance to the consortia in developing applications and in implementing demonstration models.

(5) *EVALUATION.* --The Louis de la Parte Florida Mental Health Institute shall conduct an independent evaluation of each demonstration model to identify more effective ways in which to serve the most complex cases of children and adolescents who have a serious emotional disturbance or mental illness, determine better utilization of public resources, and assess ways that community agencies may share pertinent client information. The institute shall identify each distinct demonstration model to be evaluated. The evaluation must analyze all administrative costs associated with operating the demonstration models. The institute shall report to the Legislature by December 31, 2001, which report must include findings and conclusions for each distinct demonstration model and provide recommendations for statewide implementation. Based upon the findings and conclusions of the evaluation, the financial strategies and the best-practice models that are proven to be effective shall be implemented statewide.

(6) *RULES FOR IMPLEMENTATION.* --Each participating state agency shall adopt rules for implementing the demonstration models. These rules shall be developed in cooperation with other appropriate state agencies for implementation within 90 days after obtaining any necessary federal waivers. The Medicaid program within the Agency for Health Care Administration may obtain any federal waivers that are necessary for implementing the demonstration models.

HISTORY: s. 9, ch. 98-5; s. 982, ch. 2002-387.

§ 394.4985. Districtwide information and referral network; implementation

(1) Each service district of the Department of Children and Family Services shall develop a detailed implementation plan for a districtwide comprehensive child and adolescent mental health information and referral network to be operational by July 1, 1999. The plan must include an operating budget that demonstrates cost efficiencies and identifies funding sources for the district information and referral network. The plan must be submitted by the department to the Legislature by October 1, 1998. The district shall use existing district information and referral providers if, in the development of the plan, it is concluded that these providers would deliver information and referral services in a more efficient and effective manner when compared to other alternatives. The district information and referral network must include:

(a) A resource file that contains information about the child and adolescent mental health services as described in s. 394.495, including, but not limited to:

1. Type of program;

2. Hours of service;

3. Ages of persons served;

4. Program description;

5. Eligibility requirements; and

6. Fees.

(b) Information about private providers and professionals in the community which serve children and adolescents with an emotional disturbance.

(c) A system to document requests for services that are received through the network referral process, including, but not limited to:

1. Number of calls by type of service requested;

2. Ages of the children and adolescents for whom services are requested; and

3. Type of referral made by the network.

(d) The ability to share client information with the appropriate community agencies.

(e) The submission of an annual report to the department, the Agency for Health Care Administration, and appropriate local government entities, which contains information about the sources and frequency of requests for information, types and frequency of services requested, and types and frequency of referrals made.

(2) In planning the information and referral network, the district shall consider the establishment of a 24-hour toll-free telephone number, staffed at all times, for parents and other persons to call for information that concerns child and adolescent mental health services and a community public service campaign to inform the public about information and referral services.

HISTORY: s. 10, ch. 98-5.

§ 394.499. Integrated children's crisis stabilization unit/juvenile addictions receiving facility services

(1) Beginning July 1, 2001, the Department of Children and Family Services, in consultation with the Agency for Health Care Administration, is authorized to establish children's behavioral crisis unit demonstration models in Collier, Lee, and Sarasota Counties. By December 31, 2003, the department shall submit to the President of the Senate, the Speaker of the House of Representatives, and the chairs of the Senate and House committees that oversee departmental activities a report that evaluates the number of clients served, quality of services, performance outcomes, and feasibility of continuing or expanding the demonstration models. Beginning July 1, 2004, subject to approval by the Legislature, the department, in cooperation with the agency, may expand the demonstration models to other areas in the state. The children's behavioral crisis unit demonstration models will integrate children's mental health crisis stabilization units with substance abuse juvenile addictions receiving facility services, to provide emergency mental health and substance abuse services that are integrated within facilities licensed and designated by the agency for children under 18 years of age who meet criteria for admission or examination under this section. The services shall be designated as "integrated children's crisis stabilization unit/juvenile addictions receiving facility services," shall be licensed by the agency as children's crisis stabilization units, and shall meet all licensure requirements for crisis stabilization units. The department, in cooperation with the agency, shall develop standards that address eligibility criteria; clinical procedures; staffing requirements; operational, administrative, and financing requirements; and investigation of complaints for such integrated facility services. Standards that are implemented specific to substance abuse services shall meet or exceed existing standards for addictions receiving facilities.

(2) Children eligible to receive integrated children's crisis stabilization unit/juvenile addictions receiving facility services include:

(a) A person under 18 years of age for whom voluntary application is made by his or her guardian, if such person is found to show evidence of mental illness and to be suitable for treatment pursuant to s. 394.4625. A person under 18 years of age may be admitted for integrated facility services only after a hearing to verify that the consent to admission is voluntary.

(b) A person under 18 years of age who may be taken to a receiving facility for involuntary examination, if there is reason to believe that he or she is mentally ill and because of his or her mental illness, pursuant to s. 394.463:

1. Has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; or

2. Is unable to determine for himself or herself whether examination is necessary; and

a. Without care or treatment is likely to suffer from neglect or refuse to care for himself or herself; such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services; or

b. There is a substantial likelihood that without care or treatment he or she will cause serious bodily harm to himself or herself or others in the near future, as evidenced by recent behavior.

(c) A person under 18 years of age who wishes to enter treatment for substance abuse and applies to a service provider for voluntary admission, pursuant to s. 397.601.

(d) A person under 18 years of age who meets the criteria for involuntary admission because there is good faith reason to believe the person is substance abuse impaired pursuant to s. 397.675 and, because of such impairment:

1. Has lost the power of self-control with respect to substance use; and

2. a. Has inflicted, or threatened or attempted to inflict, or unless admitted is likely to inflict, physical harm on himself or herself or another; or

b. Is in need of substance abuse services and, by reason of substance abuse impairment, his or her judgment has been so impaired that the person is incapable of appreciating his or her need for such services and of making a rational decision in regard thereto; however, mere refusal to receive such services does not constitute evidence of lack of judgment with respect to his or her need for such services.

(e) A person under 18 years of age who meets the criteria for examination or admission under paragraph (b) or paragraph (d) and has a coexisting mental health and substance abuse disorder.

(3) The department shall contract for an independent evaluation of the children's behavioral crisis unit demonstration models to identify the most effective ways to provide integrated crisis stabilization unit/juvenile addiction receiving facility services to children. The evaluation shall be reported to the Legislature by December 31, 2003.

(4) The department, in cooperation with the agency, is authorized to adopt rules regarding standards and procedures for integrated children's crisis stabilization unit/juvenile addictions receiving facility services.

HISTORY: s. 6, ch. 2001-171; s. 1, ch. 2001-191.

§ 394.4995. Conversion of specified facilities to children's behavioral crisis units; not required

Nothing in s. 394.499 shall be construed to require an existing crisis stabilization unit or juvenile addictions receiving facility to convert to a children's behavioral crisis unit.

HISTORY: s. 7, ch. 2001-171; s. 2, ch. 2001-191.

NOTES:

NOTE.--The reference in this section to s. 394.499 is as enacted by s. 2, ch. 2001-191. Section 394.4995 was also enacted by s. 7, ch. 2001-171, and that version references "this act" instead of specifying s. 394.499.